

## DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 94234-7320

(916) 322-1584



Date Issued: June 16, 1995

CMSP Letter 95-5

All County Medical Services Program (CMSP) County  
Welfare Directors

Subject    CONSOLIDATION OF RIGHTS AND RESPONSIBILITIES FORMS

The CMSP Governing Board's Eligibility Committee has approved the concept of combining the now separate CMSP "Rights and Responsibilities" forms into a new form generally structured much like the Medi-Cal 219 form. Enclosed, for your review and comment, is a draft version of the "detail" of this proposed form. You will note that the combined form is shorter than the two forms individually, due to the deletion of language which does not apply to CMSP applicants or recipients. Please forward your comments by FAX to (916) 323-3350 no later than June 30, 1995.

If you have any questions regarding this letter, please contact Mr. Albert Cooper of my staff, at (916) 322-1615.

Sincerely

A handwritten signature in cursive script, reading 'Linda N. Martinez' followed by a flourish and the word 'for'.

Jim Martinez, Chief  
County Medical Services Unit

Enclosure

Mr. Albert Cooper  
County Medical Services Unit  
Department of Health Services  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, California 94234-7320

## IMPORTANT INFORMATION FOR PERSONS REQUESTING CMSP

### YOU HAVE THE RIGHT TO:

ask for an interpreter to help you in applying for the CMSP if you have difficulty in speaking or understanding the English language.

be treated fairly and equally regardless of your race, color, religion, national origin, sex, age, or political beliefs.

apply for the CMSP and to be told in writing whether or not you qualify for CMSP, even if the County representative tells me during the interview that it appears that you are not now eligible.

review manuals containing the rules of the CMSP if you want to question the basis on which your eligibility is approved or denied.

receive a CMSP card as soon as possible if you have a medical emergency. NOTE: If you are eligible for the CMSP a CMSP card is NOT needed in order to receive services.

have all information you give to the County Welfare Department kept in the strictest confidence.

be told about the rules for retroactive CMSP eligibility

qualify for the CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the month of application.

receive an explanation of possible ways that you may spend your excess property as long as you receive adequate consideration.

speak to a Social Service Worker about other public or private services or resources that may be available to you.

lower any Share of Cost you may have by providing past unpaid medical bills (that I still owe).

receive a hearing if you are dissatisfied with an action taken (or not taken) by the County Welfare Department of the State. If you wish such a hearing, you must request one within 90 days of the date the Notice of Action was mailed to you. If you do not receive a Notice of Action, you must request a hearing within 90 days from the date you discover (discover means when you know or should have known of the action) the action or

inaction with which you are dissatisfied. The best way to request a hearing is to contact the nearest County Welfare Department office.

**YOU HAVE THE RESPONSIBILITY TO:**

complete a status report when provided by the County and to return the completed report to the County by the due date.

provide evidence that you are a resident of this California County.

tell your medical services provider that you are a CMSP recipient or that you have applied for the CMSP.

sign and keep your Beneficiary ID Card (BIC) and to ensure that only you use it to obtain your necessary health care.

take your BIC to your medical services providers when you are injured, sick, or have an appointment.

take your BIC to your medical services provider as soon as possible if you do not have your BIC with you when you get services.

provide or apply for a Social Security Number and cooperate with the Social Security Administration in clearing up any questions.

apply for MEDICARE benefits if you are blind, disabled, or aged 64 years and 9 months or older and are eligible for these benefits.

apply for any income which may be available to you or your family members.

report to the County Welfare Department any health care insurance which you have or are entitled to.

use any health insurance which you have before using the CMSP.

report to the County Welfare Department when the CMSP will be billed for health care services received as a result of an accident or injury caused by some other person's action or failure to act.

cooperate with the County or State in establishing paternity and identifying any possible medical coverage you or your family may be eligible for, including coverage or support through an absent parent.

cooperate with the County or State if your case is selected for

a quality control review.

**YOU HAVE THE RESPONSIBILITY TO NOTIFY YOUR COUNTY WELFARE  
DEPARTMENT WORKER WITHIN 10 DAYS WHENEVER:**

your income or your family's income (income includes wages, Social Security payments, pensions, Veterans payments, loans settlements, or money from any other source) increases, decreases, starts, or stops.

you move or plan to move in your County, to another California County, to another State or Country.

you plan to be away from your home residence) for more than 7 days.

any person moves into or leaves your home

you or your spouse enters or leaves a nursing home/long term care facility.

you transfer, give away, receive or sell any real or personal property.

you or a family member receive such things as a car, house, free food, free rent, free clothing, free utilities (phone, gas, electricity, water), insurance payments, etc.

your expenses are paid by someone else.

you or a family member become pregnant.

you or a family member have a change in expenses related to childcare, transportation, employment, or education.

you or a family member become physically or mentally impaired so that you can not work.

you or a family member apply for disability benefits under the SSI/SSP Program, Social Security Program, Railroad Retirement Program, or Veterans Administration Program.

you or a family members drops out or starts school.

you or a family member has a change in health insurance

you or a family member has a change in citizenship or immigration status.

## PRIVACY AND CONFIDENTIALITY NOTIFICATION

Sections 14011 and 14012 of the welfare and Institutions Code authorize County Welfare Departments to collect certain information from you to determine if you or the persons you represent are eligible for the CMSP. The information you provide is confidential and may only be disclosed to certain individuals or organizations and then only to administer the CMSP. This information will be used by the County Welfare Department to establish initial and ongoing CMSP eligibility; by the State's fiscal intermediary for claims processing purposes; by the California Department of Health Services for BIC production, health insurance identification and overpayment recovery actions; for MEDICARE Buy-In and Social Security Number verification; by the Immigration and Naturalization Service to determine alien status; and by medical providers of services and health maintenance organizations for eligibility verification.

Providing this information is mandatory. Failure to do so will result in your ineligibility for CMSP benefits. You have the right to look at your information and may do so at the County Welfare Department during regularly scheduled office hours.